

**PST-1-X Amended Prepaid
Sales Tax Return**Form 035 Rev 01 Stations 435, 436
E (03) S (04) _/ _/ _
NS CA RC**Read this information first**

Do not write above this line.

Everyone must complete Parts 1, 2, and 5.

You also must complete

- Part 3 if you believe you have overpaid, and
- Part 4 if you are changing financial information.

Amount you are paying: \$ _____
Make your check payable to "Illinois Department of Revenue."**Part 1: Identify your business**1 IBT no. _____
Illinois business tax number

2 Amended tax period _____

3 Business name _____

☐ "X" only if your address is **different** from the address on your original return and complete Line 4 below.4 Mailing address _____
Number and street

City _____ State _____ ZIP _____

Part 2: Check the reason you are correcting your return

1 _____ My customer returned gasohol or other motor fuel.

2 _____ I am decreasing Line 1 **or** I am increasing Line 2 on my original return because I sold gallonsa _____ to a federal or foreign government or to a mass transit system.
(Tax-exempt no. **E** - _____)

b _____ to an out-of-state customer, which was a sale in interstate commerce. The merchandise was delivered to a location outside Illinois.

c _____ to another licensed Illinois distributor or supplier.
(IBT no. _____)d _____ to the state or to units of local government.
(Tax-exempt no. **E** - _____)e _____ to schools, churches, or charities.
(Tax-exempt no. **E** - _____)

f _____ to an out-of-state retailer who is authorized to do business out-of-state and who resells at retail and delivers to customers outside Illinois.

g _____ of exempt motor fuel (*i.e.*, majority-blended ethanol, 100 percent biodiesel, and biodiesel blends that are more than 10 percent but not more than 99 percent biodiesel) **on or after** July 1, 2003.

h _____ to other than a retail outlet and delivered the gasohol or other motor fuel to a company-owned (not leased) retail outlet.

3 _____ I made a computational error on Lines 3 through 12 of my original return.

4 _____ I put an amount on the wrong line on either Form PST-1 or Form PST-2.

5 _____ I took a deduction on my original return that was not allowed or was too large.

6 _____ The original IBT number was incorrect. The correct IBT number is _____.

7 _____ The original tax period was incorrect. The correct tax period is _____.

8 _____ Other. Please explain. _____

_____**Part 3: Answer the following questions if you believe you have overpaid**

1 Did you collect the overpaid tax from your customer? _____ yes _____ no

2 If yes, did you unconditionally refund the overpaid tax? _____ yes _____ no

Please turn this page over to complete Parts 4 and 5.

Part 4: Correct your financial information

Complete this section only if you are changing financial information.

Please round to the nearest whole dollar.

Column A
Most recent figures filed

Column B
Figures as they should
have been filed

Section 1: Report your gallonage information

- 1** Write the total invoiced gallons of all gasohol and other motor fuel you sold, delivered, or transferred.
- 2** Write the total deductible gallons
 - a** sold to federal or foreign governments or mass transit systems.
 - b** delivered outside Illinois.
 - c** sold and distributed tax-free to other licensed distributors and suppliers.
 - d** sold to the state or other units of local government.
 - e** sold to schools, churches, or charities.
 - f** sold to out-of-state retailers who sell at retail to customers outside of Illinois.
 - g** of exempt motor fuel (*i.e.*, majority-blended ethanol, 100 percent biodiesel, and biodiesel blends that are more than 10 percent but not more than 99 percent biodiesel) **on or after** July 1, 2003.
 - h** sold to other than a retail outlet and delivered to a company-owned (not leased) retail outlet.
- 3** Add Lines 2a through 2h. This amount is your total deductible gallons.
- 4** Subtract Line 3 from Line 1.
This amount is your net gallons subject to prepaid sales tax.
 - a** Gallons of gasohol subject to prepaid sales tax. (See instructions.)
 - b** Gallons of other motor fuel subject to prepaid sales tax. (See instructions.)

1	_____	1 (05)	_____
2a	_____	2a (10)	_____
2b	_____	2b (15)	_____
2c	_____	2c (20)	_____
2d	_____	2d (25)	_____
2e	_____	2e (30)	_____
2f	_____	2f (40)	_____
2g	_____	2g (43)	_____
2h	_____	2h (45)	_____
3	_____	3 (50)	_____
4	_____	4 (55)	_____
4a	_____	4a (90)	_____
4b	_____	4b (91)	_____

Section 2: Figure your payment

- 5** Multiply the number of gallons on Line 4a by \$0.05 (for liability periods **beginning** July 1, 2003) or \$0.03 (for liability periods **before** July 1, 2003).
- 6** Multiply the number of gallons on Line 4b by \$0.06 (for liability periods **beginning** July 1, 2003) or \$0.04 (for liability periods **before** July 1, 2003).
- 7** Add Lines 5 and 6. This is your total prepaid sales tax due during this reporting period.
- 8** Write the amount of quarter-monthly payments paid on Form PST-3. If you do not file quarter-monthly payments, write zero.
- 9** Write any **PST** prior overpayment amount that you are using.
- 10** Subtract Lines 8 and 9 from Line 7. This is the net tax due.
- 11** Write the **PST** credit memorandum amount you are using.
You must attach the original **PST** credit memorandum.
- 12** Subtract Line 11 from Line 10. This is the tax due.
- 13** Write the total amount you have paid.
Compare Line 12, Column B, and Line 13.
 - If Line 13 is **greater than** Line 12, Column B, write the difference on Line 14.
 - If Line 13 is **less than** Line 12, Column B, write the difference on Line 15.
- 14** Overpayment — This is the amount you have overpaid. Go to Line 16.
- 15** Underpayment — This is the amount you have underpaid. Please pay this amount.
Make your check payable to "Illinois Department of Revenue." Go to Line 16.
- 16** Write the total number of PST-2 forms you have attached to all PST-1 forms you have filed for this liability period. **16 (80)** _____
Go to Part 5 and sign this return.

5	_____	5 (92)	_____
6	_____	6 (93)	_____
7	_____	7 (56)	_____
8	_____	8 (61)	_____
9	_____	9 (85)	_____
10	_____	10 (62)	_____
11	_____	11 (76)	_____
12	_____	12 (77)	_____
		13	_____
		14	_____
		15	_____

Part 5: Sign below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Owner, partner, or officer's signature	Title	Phone	Date
()			
Paid preparer's signature	Title	Phone	Date
()			

Mail to: ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19034
SPRINGFIELD IL 62794-9034

Note Please write the amount you are paying on the line provided in the "Read this information first" section on the front of this return.